F	orm	250
	11/9	
ĺ	FII	M

FOR NEW CASTLE KENT SUSSEX COUNTY

PETITION FOR ACCOUNTING OF SUPPORT

Petitioner/Obl:	igor		Respondent/	Custodia	an	
						File Number
Address		v	s Address			CPI Number(s)
City	State	Zip	City	S	tate Zip	
Attorney	Employer Name 8	à Address	Attorney	Emplo	Employer Name & Address	
Hm Ph#			Hm Ph#			NPA IV-D
Wk Ph#			Wk Ph#			AFDC IV-D
Social Security Nu	mber Welfar	e Number	Social Securi	ty Number	Welfare Number	NON IV-D
IN THE INTEREST OF: (Inc	clude last nam	e if differ	rent from respond	ent)		
Name	DOB	Name		DOB	Name	DOB
Name	DOB	Name		DOB	Name	DOB
An Order v	was entere	d on			regard	ing the issue of
support which required Obligor t			o pay \$	o nav š		
account for mo and that such Court may deem SWORN TO AND SI before me this	nies paid Order inc appropria JBSCRIBED	for the lude san	e support of nctions, per _	the al	oove-mention	lief which the

NOTARY PUBLIC

Other:_____

DCSE